

Status: Finalized

## I. Center Identification

Organization Name: SENATE STREET SURGERY CENTER

Street Address: 1801 N. Senate Blvd STE 1450

City: Indianapolis

County: Marion

Administrator Name: Donna 'Kay' Hix Administrator Email: dhix@iuhealth.org

ASC Web Address: na Fiscal Year: 2015

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

| Number of operating rooms | 8 |  |
|---------------------------|---|--|
| Number of procedure rooms | 2 |  |

## III. Utilization Statistics

| A. Total Patients and Procedures               |                    |                      |
|--|--------------------|----------------------|
| Time Period                                    | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period          | 4515               | 4924                 |
| B. Ten Most Frequent Surgical Procedures Perfo | rmed               | T ( 1 D )            |
| CPT Code                                       |                    | Total Procedures     |
| 27096  |                    | 127                  |
| 47562  |                    | 152                  |
| 62310  |                    | 158                  |
| 62311  |                    | 432                  |
|  |                    |                      |

| 62362 | 166 |
|-------|-----|
| 63685 | 113 |
| 64483 | 486 |
| 64493 | 125 |
| 64721 | 114 |
| G0260 | 150 |

## IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 5 |
|--|---|
| a surgical encounter.  |   |